

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

655
550

Work Order ID 89976

September-13-12 8:58:10 AM

89976

Page 2

Item ID: D2891-1

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: 2.25 Support

Start Date: 9/21/12 Start Qty: 5.00

5

Cust Item ID:

Required Date: 10/12/12 Req'd Qty: 5.00

5

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
130									
HandFXtube	Memo	0.00							
Hand Finishing Crosstubes	Per note 8 on page 1 of dwg D2891, Prep inner concave surface of support and apply 3M Scotch-Weld as per dwg. 24H of cure time.								
140	QC3- Inspect Part Finish	0.00							
140									
QC	Memo	0.00							
Quality Control									
170	Identify as per dwg & Stock Location: <u>LG 52</u>	0.00							
170									
Packaging	Memo	0.00							
Packaging									

AS 12-9-24 (6)

(6) 12-09-25

6 0 0 AS 12-11-5

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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 89976***89976***

Page 3

September-13-12 8:58:10 AM

Item ID: D2891-1 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: 2.25 Support
Start Date: 9/21/12 Start Qty: 5.00 ***5*** Cust Item ID:
Required Date: 10/12/12 Req'd Qty: 5.00 ***5*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	QC21- Final Inspection - Work Order Release	0.00							
180									
QC	Memo	0.00							
Quality Control									

12/11/6 J
MLJ 12-11-05

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
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Picklist Print

September-13-12 8:58:10 AM

Page 1

Work Order ID: 89976

Parent Item: D2891-1

Parent Item Name: 2.25 Support

Start Date: 9/21/12

Required Date: 10/12/12

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP C02.11.26Added P/OKJ
IPP D 08.03.19 Re-format EC verified: DD IPP Rev:E 11.08.04 as per dwg
rev.B DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
DSK076		Manufactured	No			110	Each	13.0000	0.5	2.5			
D2891-1 TURNING DETAIL											<i>28 12-2-23</i>		
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				MAT		-10							
				MAT050		10							
				MAT060		13							
				77192 ✓		3				<i>3</i>			
				84525		10							

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WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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DART AEROSPACE LTD		Work Order:	89976
Description: Ø2.250 Support		Part Number:	D2891-1
Inspection Dwg: D2891	Rev: A B	Page 1 of 1	

FIRST ARTICLE INSPECTION DIMENSION SHEET

☒ First Article
 ☐ Prototype

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	5
HAAS Section								
AA	0.188	0.193		.188	.188	.188	.188	.188
AB	0.240	0.260		.250	.250	.250	.250	.250
AC	0.115	0.150		.128	.128	.128	.128	.128
AD	0.040	0.060		.052	.052	.053	.053	.053
AE	0.010	0.020		.010	.010	.010	.010	.010
AF	0.240	0.260		.250	.250	.250	.250	.250
AG	0.290	0.310		.300	.300	.300	.300	.300
AH	0.115	0.150		.140	.140	.140	.140	.140
AI	0.454	0.474		.468	.468	.470	.470	.470
AJ	2.779	2.789		2.783	2.783	2.783	2.783	2.783
AK	0.240	0.260		.250	.250	.250	.250	.250
AL	1.002	1.042		1.040	1.040	1.033	1.036	1.037
AM	0.053	0.073		.060	.060	.060	.060	.060
AN	0.257	0.262		.260	.260	.260	.260	.260
AO	1.663	1.683		1.675	1.675	1.675	1.675	1.675
AP	0.053	0.073		.063	.063	.063	.063	.063
AQ	0.022	0.042		.032	.032	.032	.032	.032
AR								
AS								
AT								
Accept/Reject								

Measured by: RP
 Date: 12-2-23

Audited by: SL
 Date: 12-4-24

Prototype Approval: _____
 Date: _____

Rev	Date	Change	Revised by	Approved
A	02.12.12	New Issue	KJ/RF	
B	08.04.21	Reformat	KJ/JLM	

NOTES:

1) MATERIAL: 17-4 PH STAINLESS STEEL, H900 OR H925 CONDITION
MIN UTS = 170 KSI (38 HRC)
(REF DART SPEC. D6104)

2) FINISH: NONE

3) TOLERANCES: PER DART QSI 018 (REF X.XXX = ± 0.010) UNLESS OTHERWISE NOTED

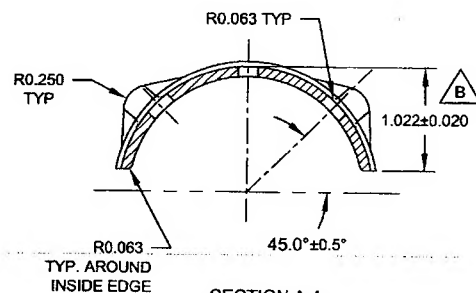
4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

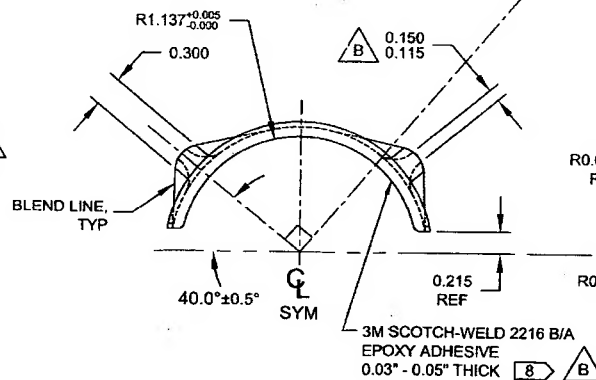
6) IDENTIFICATION: DART LOGO (PER DART SUPPLIED GRAPHIC) AND PART NUMBER IN THIS AREA WITH 0.125 HIGH LETTERING
0.010-0.020 DEEP, PER DART QSI 044 6.3.

7) WEIGHT: 0.38 lb

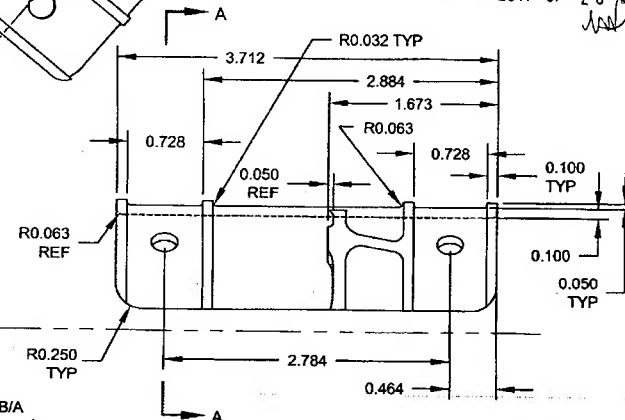
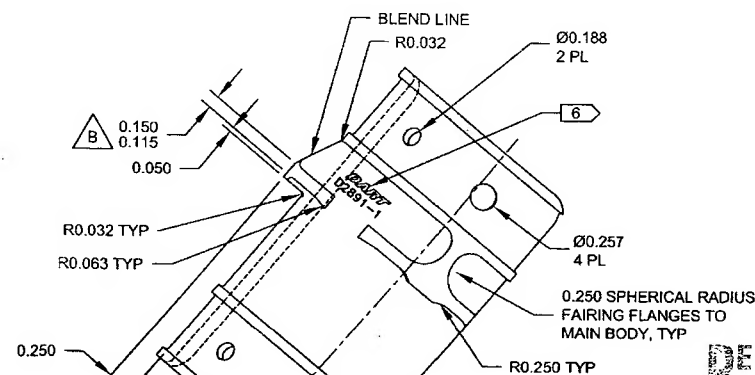
8) FOR THE ENTIRE INNER CONCAVE SURFACE:
ABRADE SURFACE WITH 400-GRIT SANDPAPER. REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY 0.03" TO 0.05" THICK LAYER OF 3M SCOTCH-WELD 2216 B/A ADHESIVE TO MATING SURFACE OF SUPPORT. ALLOW TO CURE FOR 24 HOURS.



SECTION A-A



D2891-1 SUPPORT



B	RMV FINISH, ADD 3M 2216, ADD H925 MATL OPTION, UPDATE TOLERANCE (ZN D4-1, B4-1, B5-1)	CP	11.07.15
A	NEW ISSUE	CP	00.11.17
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.07.15		

DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D2891
TITLE Ø2.250 SUPPORT
SCALE NTS

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SHOW VIEW
RETURN TO
ENGINEERING
UNCONTROLLED
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 89976 ML5
12-09-13